

registration form

Please print clearly. Thank you.

Child's Information

Child's name: _____ Gender: _____

Date of Birth: _____ Age in Sept.: _____

Nationality: _____ Language Spoken: _____

Address: _____

Home Tel. No.: _____

PASSPORT SIZE PHOTO

Has your child attended nursery before? If yes, which one?

Parents Information

	Mother	Father
Name		
Nationality		
Workplace		
Telephone No. (w)		
Mobile No.		
Email		

Emergency Contact (other than Parents)

Name: _____ Telephone No: _____

We need the following documents for registration. Please ensure that you have them available.

- ▶ three recent passport-sized photographs
- ▶ copy of passport, inclusive of visa page
- ▶ copy of birth certificate
- ▶ copy of immunization card

Thank you.

PTO

For Office Use Only									
Selection of Attendance									
Days/Week:	2	3	5	Days:	S	M	T	W	T
Times:	13:00	15:00	17:00						
Starting Date:	_____								



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